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May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if X Address change CALCEF INNOVATIONS Name change 26-1339988 Doing Business As]initial retum Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-957-0167 5 THIRD STREET 900 (415)Amended return 408,479 City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion pending SAN FRANCISCO, CA 94103 H(a) is this a group return F Name and address of principal officer: PAUL FRANKEL 」Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no) If "No," attach a list. (see instructions) J Website: ► WWW.CALCEF.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2007 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities: GROW CLEAN ENERGY MARKETS AND Activities & Governance ACCELERATE ADOPTION OF CLEAN ENERGY TECHNOLOGIES Check this box ▶ │ $oldsymbol{ol{ol}}}}}}}}}}}}}}}}}$ 3 Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 ō 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 968,600. 408,000. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 962. 479. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e.

12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A) 408,479. 969,562 Ō, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NOV 27 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 234,797. 258,901. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 537,149. 240,547. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 475,344. 796,050. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 494,218. <387,571.> Revenue less expenses. Subtract line 18 from line 12 Ses **Beginning of Current Year** End of Year 367,5<u>37</u>. 510,060. 20 Total assets (Part X, line 16) 23,578 268,625.Total liabilities (Part X, line 26) 486,482. Net assets or fund balances. Subtract, Part It | Signature Block Under penalties of perjury, I declare that I have commined this return , including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of mediarer (other than officer) is based and ill information of which preparer has any knowledge Signature of officer Sian Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Xmale (Paid LINDA D. GEERY P00364484 Firm's name GILBERT ASSOCIATE'S, Preparer INC. 68-0037990 Firm's EIN Firm's address 2880 GATEWAY OAKS DR, STE Use Only SACRAMENTO, CA 95833 Phone no 916-646-6464

Form 990 (2012)

X Yes

Form	990 (2012) CALCEF INNOVATIONS	26-1339988 Page 2					
Pa	rt III Statement of Program Service Accomplishments						
	Check if Schedule O contains a response to any question in this Part III	X					
1	Briefly describe the organization's mission: SEE SCHEDULE O						
2	Did the organization undertake any significant program services during the year which were not listed on						
	the prior Form 990 or 990-EZ?	Yes X No					
	If "Yes," describe these new services on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No					
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.					
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions							
	revenue, if any, for each program service reported						
4a	(Code) (Expenses \$ 243,624 · including grants of \$) (Reven						
	IN PARTNERSHIP WITH LAWRENCE BERKELEY NATIONAL LABORATO						
	THROUGH OUR EIR PROGRAM, WE BEGAN DEVELOPMENT OF A BATT ACCELERATOR. IT IS COMPRISED OF EMERGING AND ESTABLISHE						
	COMPANIES, RESEARCH INSTITUTIONS, AND RELATED ORGANIZAT						
	WITH BATTERY TECHNOLOGIES FOR APPLICATION IN THE ELECTR						
	VEHICLE, ELECTRIC GRID, AND CONSUMER ELECTRONICS MARKET						
	AND IT CREATES A FRAMEWORK THAT WOULD ENABLE COLLABORAT						
	SHARING, AND EFFICIENT RESOURCE ALLOCATION AMONGST PART						
4b	(Code) (Expenses \$ 243,624. including grants of \$) (Reven						
	AS A DIRECT RESULT OF TWO ENTREPRENEUR-IN-RESIDENCE PRO						
	SUBJECT OF ENERGY EFFICIENCY FINANCING, WE CONCEIVED, R DEVELOPED A NOVEL ENERGY EFFICIENCY FINANCE VEHICLE DES						
	EFFICIENCY IN UNDER-SERVED MARKETS, USING LOCAL LABOR A						
	PROGRAMMATICALLY ALIGNED LOW-COST CAPITAL FOR THE IMPAC						
	COMMUNITY.	1 111 1 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1					
4c	/ Constitution of the contract						
	THROUGH OUR ENTREPRENEURS-IN-RESIDENCE PROGRAM, WE WROT						
	THE WHITE PAPER "PULLING THE TRIGGER: INCREASING HOME E WHICH INCLUDED AN ACTIONABLE IMPLEMENTATION AGENDA THAT						
		S THAT CAN					
	DRAMATICALLY TRANSFORM CALIFORNIA'S ENERGY EFFICIENCY M						
	SINGLE FAMILY HOMES, WHILE ALSO CREATING JOBS AND ECONO						
	THE CALIFORNIA ENERGY COMMISSION'S SCOPING REPORT FOR A						
	IN AUGUST 2012, PROMINENTLY MAKES USE OF THE TRIGGER CO						
	DEVELOPMENT WE BELIEVE WAS SIGNIFICANTLY ATTRIBUTABLE T						
	WORK.						
4d		•					
40	(Expenses \$ 104,411. including grants of \$) (Revenue \$ Total program service expenses ▶ 696,069.)					
-+e	TOTAL PLOMINIU SCIAICE EXPENSES A O O O O O O O	Form 990 (2012)					
00000	_	. 5 554 (2012)					

Form 990 (2012) CALCEF INNOVATIONS

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 		A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•	-	
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	· · · · · · · · · · · · · · · · · · ·		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	<u>X</u>	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	 	
D	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	 	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	l
		Form	990	(2012

Form 990 (2012) CALCEF INNOVATIONS Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	20-		X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	ļ	X
30	Did the organization receive more than \$25,000 in horicast contributions? If Yes, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	ļ	
J.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 -
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u> </u>
		Form	990	(2012)

Par	Statements Régarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming		Х			
	(gambling) winnings to prize winners?						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	ļ		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			x		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts					
_	were not tax deductible?		6b		ļ		
7	Organizations that may receive deductible contributions under section 170(c).		_		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a 7b		X		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		7с		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		х		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7 6		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contill the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, airpla	•	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		., * !! .				
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		1		
9	Sponsoring organizations maintaining donor advised funds.	any amo during and your					
a	Did the organization make any taxable distributions under section 4966?		9a		Ì		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	is the organization licensed to issue qualified health plans in more than one state?		13a		ļ		
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I I					
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c			 		
	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e <u>O .</u>	14b				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part Vi								
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	************	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finar	icial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	·					
	GRACE NITAFAN - (415)957-0167							
	5 THIRD STREET, NO. 900, SAN FRANCISCO, CA 94103							

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A)	(B)			_ (C	;)			(D)	(E)	(F)
Name and Title	(do no		Position do not check more than one ox, unless person is both an			than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	officer and a directo		or/trustee)		from	from related	other		
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		aako	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	Individua	Instituto	Officer	Кеу етріоуее	Highest c employer	Former			organizations
(1) MICHAEL PEEVEY	2.00									
BOARD MEMBER-CHAIRMAN		X		X	L			0.	0.	0.
(2) BARBARA LLOYD	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) ART ROSENFELD	2.00	}								
BOARD MEMBER		X		$oxed{oxed}$	_			0.	0.	0.
(4) MASON WILLRICH	2.00									
BOARD MEMBER		X		\bigsqcup	_		<u> </u>	0.	0.	0.
(5) JAN SCHORI	2.00									_
BOARD MEMBER		X	ļ			_	_	0.	0.	0.
(6) PAUL FRANKEL	50.00				ı				_	
PRESIDENT				X	L_			167,500.	0.	15,029.
-										
	-				\vdash					
					_	i -				
		_			_					

Page 7

13.41	(A)	(B)	ployees, and Highest Comp (C) Position			st C	(D)	(E)			(F)			
	Name and title	Average hours per week (list any hours for related organizations below line)	Be or director	not c	heck ss pe	more	Highest compensated thrusholder	th an stee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-Mile	on d ns	com fr org an	stimate nount other pensa om th anizat d relat anizati	of Ition e Ion ed
			-	 	-		-	-			·			
		-												
							-	-						
			<u> </u>	_		<u> </u>	<u> </u>							
			{											
						\vdash	-							
			1											
1 b	Sub-total								167,500.		0.	1	5,0	
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					>		167,500.		0.	1	5,0	<u>0.</u> 29.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho re	•	,000 of reportab		_		
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			100	
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	· ·		-					· · · · · · · · · · · · · · · · · · ·	the organization		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni			dual for services	3		, ,	
Sec	rendered to the organization? If "Yes," constitution B. Independent Contractors	nplete Schedui	le J i	or s	uch	per	son				-	5		Х
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	<u>end</u>	ng v	<u>with</u>	or w	rthir		year.	ſ			
	(A) Name and business	address	N	INC	Ε				(B) Description of s	services	c		C) nsatio	n
				٠									·	-
				_	_									
	Total number of independent contractors	including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ		"				0							

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 300,000. 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 108,000. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 408,000. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 479. 479. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) \blacktriangleright d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d

408,479.

0.

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 127,765. 182,529. 45,634. 9,130. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 57,046. 39,931. 14,262. 2,853. Other salaries and wages Pension plan accruals and contributions (include 2,007. 1,405. 501. 101. section 401(k) and 403(b) employer contributions) <u>3,5</u>76. 893. 2,503. 180. Other employee benefits 13,743. 9,620. 3,436. 687. 10 Payroll taxes Fees for services (non-employees): Management 21,334. 7,111. 28,445. b Legal 11,875. 8,906. 2,969. c Accounting Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25. 406,868. 406,582. 286. column (A) amount, list line 11g expenses on Sch O) 30,072. 30,072. 12 Advertising and promotion 5,468. 7,291. 1,823. 13 Office expenses 383. 326. 57. 14 Information technology Royalties 15 <u>4,5</u>00. 6,000. 1,500. Occupancy 16 28,221. 21,166. 7,055. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 14,164. 14,164. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 612. 612. 22 Depreciation, depletion, and amortization 2,327. 785. 3,142. 30. 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) TAXES/LIC/FEES 76. 76. b All other expenses 796,050. 87,000. 12,981. 696,069. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2012) C
Part X Balance Sheet

_		Check if Schedule O contains a response to any	question in this Part X			
	<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		212,671.	1	0.
	2	Savings and temporary cash investments		285,230.	2	364,543.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	1,367.
	5	Loans and other receivables from current and for	rmer officers, directors,	. , , , , , , , , , , , , , , , , , , ,		
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
Assets		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	· •
	9	Prepaid expenses and deferred charges	11,546.	9	1,627.	
	10a	Land, buildings, and equipment cost or other		, , , , , ,		n (m
		basis. Complete Part VI of Schedule D	10a 2,205. 10b 2,205.			
	ь	Less: accumulated depreciation	10ь 2,205.	613.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	···
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	510,060.	16	367,537.
	17	Accounts payable and accrued expenses	3,266.	17	141,572.	
	18	Grants payable		18		
	19	Deferred revenue			19	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	20	Tax-exempt bond liabilities	Γ		20	
S	21	Escrow or custodial account liability. Complete f	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	Page Page			
iabi		key employees, highest compensated employee	s, and disqualified persons.			
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, par	/ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D		20,312.	25	127,053.
	26	Total liabilities. Add lines 17 through 25		23,578.	26	268,625.
		Organizations that follow SFAS 117 (ASC 958	, check here ► X and			
es		complete lines 27 through 29, and lines 33 an	d 34.			
Š	27	Unrestricted net assets		486,482.	27	23,132.
3 <u>ala</u>	28	Temporarily restricted net assets		28	75,780.	
Ā	29	Permanently restricted net assets		29		
Ę		Organizations that do not follow SFAS 117 (A				
٥		and complete lines 30 through 34.	_			
ets	30	Capital stock or trust principal, or current funds		ĺ	30	
SS	31	Paid-in or capital surplus, or land, building, or eq	ulpment fund	-	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	· —		32	
Ž	33	Total net assets or fund balances	F	486,482.	33	98,912.
	34	Total liabilities and net assets/fund balances	F	510,060.	34	367,537.

Form **990** (2012)

orm	990 (2012) CALCEF INNOVATIONS	26-133	9988	Pag	e 12
Pa	rt XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0	
3	Revenue less expenses Subtract line 2 from line 1	3	<38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	480	5,4	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			1.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	91	8,9	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting		_		
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	O .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ured audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Name of the organization **Employer identification number** CALCEF INNOVATIONS 26-1339988 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated _ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col (i) listed in your organization in col (described on lines 1-9 organization support organized in the governing document? (i) of your support? above or IRC section US? (see instructions)) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		<u> </u>	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Gifts, grants, contributions, and	• • • • • • • • • • • • • • • • • • • •	• •			*			
	membership fees received. (Do not								
	include any "unusual grants.")	585,000.	92,500.	30,000.	968,600.	408,000.	2084100.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to				:				
	or expended on its behalf								
3	The value of services or facilities			·					
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	585,000.	92,500.	30,000.	968,600.	408,000.	2084100.		
5	The portion of total contributions						<u>.</u>		
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,		-						
	column (f)						1638112.		
6	Public support. Subtract line 5 from line 4	· · · · · · · · · · · · · · · · · · ·	······································	**. * ,'* - * ** * * * * * * * * * * * * * * *		1 111, 1111	445,988.		
	ction B. Total Support	,	•			'—————————————————————————————————————			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	585,000.	92,500.	30,000.	968,600.	408,000.	2084100.		
8	Gross income from interest,					,			
•	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources			554.	962.	479.	1,995.		
9	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10	' '	"				2086095.		
	Gross receipts from related activities.	etc (see instruction				12			
	First five years. If the Form 990 is for	•	•	I fourth or fifth to	ay vear as a sectio				
	organization, check this box and stor		mot, second, time	, 1001111, 01 111111 11	ax year as a seeme	11 00 1 (0)(0)	ightharpoonup		
Se	ction C. Computation of Publ		rcentage		 				
	Public support percentage for 2012 (olumn (f))		14	21.38 %		
15				(<i>n</i>)		15	%		
	33 1/3% support test - 2012. If the			line 13, and line	14 is 33 1/3% or r	nore, check this bo			
	stop here. The organization qualifies						▶□		
t	33 1/3% support test - 2011. If the		-	ne 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box		
	and stop here. The organization qual	_				· · · · · · · · · · · · · · · · ·	▶□		
17a	10% -facts-and-circumstances tes		• • •		e 13, 16a, or 16b,	and line 14 is 10%	or more.		
		•					•		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is			
•	more, and if the organization meets the	-							
	organization meets the "facts-and-cire						▶□		
18	Private foundation. If the organization			•			s ▶		
				, , . , , . , . , . , . , .		dulo A /Form 000			

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u> </u>	575.5 T GIT (11.)				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
_	· · ·						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and					<u> </u>	
/ (İ	ļ				
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that	I		Ì		İ	
	exceed the greater of \$5,000 or 1% of the	I					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		L	£	1	1	1
	ction B. Total Support	4 3 0000	410000	1 1 2 2 2 2	48004	1 1 1 1 1 1 1 1	107.1
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6 Gross income from interest,					-	
100	dividends, payments received on	I					
	securities loans, rents, royalties	I		<u> </u>			
	and income from similar sources						
•	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				 	 	
	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b,				l		
	whether or not the business is						
. ~	regularly carried on			ļ <u>. </u>	ļ	- -	
12	Other income. Do not include gain or loss from the sale of capital			1			
	assets (Explain in Part IV.)				ļ		ļ
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						
	ction C. Computation of Publ				_		
15	Public support percentage for 2012 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2011					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				<u> </u>
17		•	*	ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organi	zation .	▶□
-	33 1/3% support tests - 2011. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	· ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	la, or 19b, check t	his box and see ii	nstructions	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CALCEF INNOVATIONS

Employer identification number 26-1339988

Pa	ort Organizations Maintaining Don	or Advised Funds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" to Form 990	, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5		advisors in writing that the assets held in donor advi	ised funds				
	are the organization's property, subject to the or		Yes No				
6		and donor advisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of	the donor or donor advisor, or for any other purpose	e conferring				
	impermissible private benefit?		Yes No				
Pa		ete if the organization answered "Yes" to Form 990,					
1	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (e.g., re-		storically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the form	n of a conservation easement on the last				
	day of the tax year.	·					
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easeme						
С	Number of conservation easements on a certified	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic struc	ture				
	listed in the National Register		2d				
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
	year ▶						
4	Number of states where property subject to cons	servation easement is located >					
5	Does the organization have a written policy regain	ding the periodic monitoring, inspection, handling of	:				
	violations, and enforcement of the conservation	easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year 🕨				
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easements during	g the year ▶ \$				
8	Does each conservation easement reported on li	ne 2(d) above satisfy the requirements of section 17	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization report	s conservation easements in its revenue and expens	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to t	he organization's financial statements that describes	s the organization's accounting for				
	conservation easements.						
Pa		ections of Art, Historical Treasures, or C	Other Similar Assets.				
	Complete if the organization answered "Y	es* to Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its revenue state	ement and balance sheet works of art,				
	historical treasures, or other similar assets held f	or public exhibition, education, or research in further	ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements	s that describes these items					
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its revenue statemer	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public	exhibition, education, or research in furtherance of pe	ublic service, provide the following amounts				
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, lin-	e 1	▶ \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art,	historical treasures, or other similar assets for financi					
		nder SFAS 116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X		> \$				

Sche	dule D (Form 990) 2012 CALCEF	INNOVATION	5				26-	133998	8 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Other	Similar A	ssets(contin	nued)
3	Using the organization's acquisition, accessi								
_	(check all that apply):				 				
a	Public exhibition	d			hange progr	ams			
b	Scholarly research	е	ш	Other			· ·	· · · · · · · · · · · · · · · · · · ·	
C	Preservation for future generations							D 4 VIII	
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma		-		-	er similar a:	ssets	Yes	☐ No
Par	t IV Escrow and Custodial Arran				•	"Yes" to Fo	rm 990, Part	l IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:					
	,	•	•					Amoun	t
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990. Part X. line	217					Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Part XIII			$\overline{\Box}$
Par									
7.4-1	J. J. J. Lindovillone i dindor complete	(a) Current year		rior year	(c) Two yea		Three years t	hack (e) Four	r years back
1a	Beginning of year balance	(a) Current year	(0)	noi yeai	(c) ino yea	13 Dack (U	i illioo yours t	Back (C) Tou	yours buck
10 h	Contributions								
	i								
ن	Net investment earnings, gains, and losses								
	Grants or scholarships			·····					
е	Other expenditures for facilities								
	and programs								
T	Administrative expenses								
9	End of year balance					j		<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse	ession of the organiza	ation the	at are held a	ind administe	ered for the	organization	1	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
Ь	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X	, line 10.			_	1	
	Description of property	(a) Cost or o		1 ' '	or other	1 ''	umulated	(d) Boo	k value
		basis (investr	nent)	basis	(other)	depre	eciation		
	Land			<u> </u>		<u> </u>			
b	Buildings						,		
С	Leasehold improvements			1		1			

2,205.

Schedule D (Form 990) 2012

0.

0.

2,205.

d Equipment e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

127,053.

(10)(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2012 CALCEF INNOVATIONS	26-1	339988 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1 Total revenue, gains, and other support per audited financial statements	1	408,479.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	408,479.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	408,479.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per Retur</u>	
1 Total expenses and losses per audited financial statements	1	796,050.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c	_	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	796,050.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)		•
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	796,050.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin		o; Part V, line 4; Part
X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		NC
PART X, LINE 2: INNOVATIONS HAS IMPLEMENTED THE AMENDED AC	COUNTI	NG
PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME	TAXES	AND HAS
DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCE	IAL STA	TEMENTS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CALCEF INNOVATIONS

Employer identification number 26–1339988

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	, , , , , ,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	_		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Establish compensation of the CEO/Executive Director, out explain in Part III X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomi 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	[X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			, , , , , ,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		•	
а	The organization?	5a		X
b	Any related organization?	5b	ļ	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		.,
	The organization?	6a		X
b	Any related organization?	6b	-	X
_	If "Yes" to line 6a or 6b, describe in Part III.		ŀ	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

26-1339988

CALCEF INNOVATIONS

Schedule J (Form 990) 2012

Page 2

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(Q)-(I)(B)	_
(1) PAUL PRANKEL PRESIDENT	€ 9	155,000.	12,500.	0.0	6,200.	8,829.	182,529.	0
	€ €							
	€ €							
	€ €							
	€ €							
	€ €							
	€ €							
	€ €							
	€ €							
	8							
	€ €							
	(3)							
	€ €							
	(E)							
	(E)							
	(ii)							

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

CALCEF INNOVATIONS

Employer identification number 26-1339988

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IDENTIFY AND ADDRESS ISSUES IMPACTING THE LONG-RUN TRANSFORMATION OF

THE ENERGY ECONOMY TOWARDS SUSTAINABILITY, INCLUDING THE FORMATION OF

ENTERPRISES, THE CONTINUED FLOW OF CAPITAL INTO TECHNOLOGIES AND

INFRASTRUCTURE, AND THE BROADENING OF POPULAR SUPPORT FOR THE CLEAN

ENERGY TRANSITION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH OUR ENTREPRENEURS-IN-RESIDENCE PROGRAM, WE DEVELOPED NEW

FOUNDATION SPONSORS TO SUPPORT EFFORTS TO SEEK TO IDENTIFY POLICY AND

MARKET STRATEGIES THAT PROVIDE FOR THE CREATION OF BROAD-BASED PUBLIC

OWNERSHIP FRAMEWORKS TO RETAIL INVESTORS IN THE U.S. OUR OBJECTIVES ARE

TO IDENTIFY POINTS OF PUBLIC POLICY LEVERAGE, SUCH AS CHANGES TO THE

ELIGIBLE CATEGORIES OF MLPS AND REITS THAT WILL OPEN CHANNELS FOR

PRIVATE ENTERPRISE, AND TO SUBSEQUENTLY PILOT NEW FINANCING VEHICLES

THAT PROVE THE VIABILITY A OF NEW, BROAD-BASED OWNERSHIP MODELS.

WE CONTINUED TO CONTRIBUTE TO CALIFORNIA'S CLIMATE CHANGE POLICY VIA

ACTIVE ENGAGEMENT BEFORE THE STATE AIR RESOURCES BOARD AND ENERGY

COMMISSION, CO-SPONSORED INVESTOR AND POLICY ROUNDTABLE ON

PRE-COMMERCIAL ENERGY TECHNOLOGIES; AND DEVELOPED NEW STRATEGIC

ENGAGEMENTS TO IDENTIFY AND ADDRESS ISSUES IMPACTING THE FORMATION OF

ENTERPRISES AND ADVANCE THE CLEAN ENERGY TRANSFORMATION.

EXPENSES \$ 104,411. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-1339988Direct controlling entity End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income ত্ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity 3 CALCEF INNOVATIONS Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part i

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a)	(q)	(0)	(Q	9	€	(b)	70
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	section 5 (c)((c) (c) pal
of related organization		foreign country)	section	status (if section	entity	entity?	7
		•		501(c)(3))		Yes	No
CALIFORNIA CLEAN ENERGY FUND - 77-0640000	PROMOTES CREATION OF CLEAN						
5 THIRD STREET #900	ENERGY INSTITUTIONS AND						
SAN PRANCISCO, CA 94103	INVESTMENT VEHICLES		501(C)(4)	Z	N/A		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

26-1339988

Page 2

Schedule R (Form 990) 2012 CALCEF INNOVATIONS

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Olganizations treated as a partiership outling the tax year		y Jean /									
(a)	<u>Q</u>	<u> </u>	ල	<u>e</u>	-	E	(6)	E	€	6	≅
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,		Share of total income	Share of end-of-year	Disproportion- ate allocations?	amount in box		General or Percentage managing ownership partner?
		foreign country)		sections 512-514)	12-514)		assers	Yes No	K-1 (Form 1065		
DFJ ELEMENT CLEAN ENERGY	PRIMARILY										
FUND, LP - 20-2473174, 100	INVESTS IN										
MATSONFORD RD, THREE RADNOR	CLEAN ENERGY		•	•					-,		;
CC STE 410, RADNOR, PA 19087	COMPANYS	CA	N/A	N/A	A	N/A	N/A	N/N	N/A	A/N	N/A
NTH POWER CLEAN ENERGY FUND,	INVESTING										
L.P 56-2500733, ONE	PRINCIPALLY IN										•
EMBARCADERO CTR, STE 1550,	CLEAN ENERGY						,		,		,
SAN FRANCISCO, CA 94111	COMPANIES	CA	N/A	N/A	A	N/A	N/A	N/A	N/A	A/N	N/A
						_					
										_	
	<u> </u>										
Part #V Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	Prganizations Taxable a corporation or trust during	as a Corport	oration or Trust (Co	omplete if the	organization ar	swered 'Yes	to Form 990, F	art IV, line 3,	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related .)	one or m	ore related
(e)			(g)	(0)	9	(e)		€	(6)	ε	(E)
Name address and	N	Prim	ctivity	Legal domicile	Direct controlling			Share of total	Share of Pe	Percentage	Section 512(b)(13)
of related organization	ğ	-			entity	(C corp, S corp,		Іпсоте	≒	ownership	
				country)		50	er)		assers		Yes No
			_					-			
				_							
				-							

Schedule R (Form 990) 2012

Page 3

Yes

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

Note. Comple 1 During th	ite line 1 if any entity is listed in Parts II, III, or IV of this schedule.	e tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
	•••	1 During the tax year, c

- - Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)

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- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

			The second secon
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA CLEAN ENERGY FUND	U	300,000.	300,000.CASH VALUE
(2) CALIFORNIA CLEAN ENERGY FUND	Ъ	189,284.	189,284.CASH VALUE
(3)			
(4)			
(5)			
197			

CALCEF INNOVATIONS Schedule R (Form 990) 2012 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) ercentage wnership	,		Schedule R (Form 990) 2012
0 0 5 0 0			 ——————————————————————————————————————
General or managing partner?			 <u> </u>
8- 8-3-8-			
Code V-UBI General or Percentage amount in box 20 managing ownership (Form 1065) Yes No			Schedu
Disproportorations?			
Dispi tot alloca Yes			
(g) Share of end-of-year assets			
(f) Share of total			
(e) Are all Are all 501(c)(3) 0055 7			
Solice A Yes			
(d) Predominant incomic (related, unrelated, excluded from tax under section 512-51			
(c) Legal domicile (state or foreign country)			
(b) Pnmary activity			
(a) Name, address, and EIN of entity			

Schedule R	Supplemental Information	20-1339988 Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	instructions).
	······································	
		
		· · · -
•		
		
	<u> </u>	

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990

	_						
Current Year Deduction		0,	• • •	612.	612.	612.	
Current Sec 179			0	·	Ö	0	
Accumulated Depreciation		1,660.	1,660.	1,593.	1,593,	3,253.	
Basis For Depreciation		1,660.	1,660.	2,205.	2,205.	3,865.	
Reduction in Basis					0	0	
Bus % Excl						······································	
Unadjusted Cost Or Basis		1,660.	1,660.	2,205.	2,205.	3,865.	
No		9 [16			
Lrfe		3.00		3.00			
Method		SI		•••			
Date Acquired		TS800860		070109SL			
Description	FURNITURE & FIXTURES	<u>ы</u>	FURNITURE & FIXTUR MACHINERY & EQUIPMENT	2COMPUTER	, 74 E	PAGE 10 DEPR	
Asset	·····	PP	·	~~			

(D) - Asset disposed

228102 05-01-12

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction